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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/861,373 05/18/2001
 which is a CON of 09/476,600 12/31/1999 PAT 6,261,230
 which is a CIP of 09/361,777 07/26/1999 PAT 6,203,495
 which is a CIP of 09/324,894 06/03/1999 PAT 6,312,378

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 29	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: _____				

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TITLE

System and method for providing feedback to an individual patient for automated remote patient care

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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